U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2927

3. Name and address of person filing.

Edward M Fox

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/2005 Through: 12/31/2005

Name AFSCME, Council 13

4. Name, file number, and address of labor organization.

	Labor Organization File Number 077-060.
P.O. Box, Bldg., Room No., if any Suc. fr 2	P.O. Box, Building and Room Number, if any
Street 150 5 43 4 54.	Street 4031 Executive Park Dr.
City Harrisbury	City Harrisbury
State Pa. ZIP Code +4 17///	State Pa. ZIP Code + 4 /7///
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or inclinectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Harvard University	Participated in the 2005 Union Laders Institute, 3 nights Lodging and,
Trade Name, if any:	Tristitute, 3 nights hodging and meals were provided by Harvard with monics out of the Jerry Warf Fund.
P.O. Box, Bldg., Room No., if any	with mosics out of the Jerry War fund.
The work wings, House Holy is may be	7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Mussachutes ZIP Code + 4 02/38

Street 125 Mt. Auburn St.

Cumbudge

On <u>March 30,06</u> 717 - 569 - 7998

Date Telephone Number

1984.72

City

State